


## FEE TRANSMITTAL

Electronic Version v10

Stylesheet Version v10

| <b>Title of<br/>Invention</b>  | PROBE FOR A BODY CAVITY |   |             |                 |          |           |             |   |      |     |     |
|--|-------------------------|---|-------------|-----------------|----------|-----------|-------------|---|------|-----|-----|
| Application Number :   | 10/612112               |  |             |                 |          |           |             |   |      |     |     |
| Date :   | 2003-07-02              |   |             |                 |          |           |             |   |      |     |     |
| First Named Applicant:   | Mr. Jacob Fraden        |   |             |                 |          |           |             |   |      |     |     |
| Attorney Docket Number:  | amcn06                  |   |             |                 |          |           |             |   |      |     |     |
| Art Unit:  | 2859                    |   |             |                 |          |           |             |   |      |     |     |
| Examiner :   | Ms. Gail K. Verbitsky   |   |             |                 |          |           |             |   |      |     |     |
| <b>TOTAL FEE AUTHORIZED \$ 180</b>   |                         |   |             |                 |          |           |             |   |      |     |     |
| Patent fees are subject to annual revisions on or about October 1st of each year.  |                         |   |             |                 |          |           |             |   |      |     |     |
| <table border="1"><thead><tr><th>Fee Description</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr></thead><tbody><tr><td>Submission Of Information Disclosure Stmt Fee</td><td>1806</td><td>180</td><td>180</td></tr></tbody></table> |                         |   |             | Fee Description | Fee Code | Amount \$ | Fee Paid \$ | Submission Of Information Disclosure Stmt Fee | 1806 | 180 | 180 |
| Fee Description  | Fee Code                | Amount \$   | Fee Paid \$ |                 |          |           |             |   |      |     |     |
| Submission Of Information Disclosure Stmt Fee  | 1806                    | 180   | 180         |                 |          |           |             |   |      |     |     |
| <b>AUTHORIZED BILLING INFORMATION</b>  |                         |   |             |                 |          |           |             |   |      |     |     |
| <b>The commissioner is hereby authorized to charge indicated fees and credit any overpayments to:</b>  |                         |   |             |                 |          |           |             |   |      |     |     |
| Deposit account number:  | 233000                  |   |             |                 |          |           |             |   |      |     |     |
| Access Code  | ****                    |   |             |                 |          |           |             |   |      |     |     |
| Deposit name:  | WHE                     |   |             |                 |          |           |             |   |      |     |     |
| Deposit authorized name:   | WHE                     |   |             |                 |          |           |             |   |      |     |     |
| Signature:   | /David H. Brinkman/     |   |             |                 |          |           |             |   |      |     |     |
| Date (YYYYMMDD):   | 2005-06-29              |   |             |                 |          |           |             |   |      |     |     |
| Charge Any Additional Fee Required Under 37 C.F.R. Sections 1.16 and 1.17.   |                         |   |             |                 |          |           |             |   |      |     |     |